

Name							
Address							
Mobile Number:	D.O.B.						
Parent Name	Parent Mobile No.						
Club:	T-shirt Siz	e (tick box)	S	Μ		L	

These camps are open to ALL club & development squad players.

Cost is £15 per person which includes a unique "Campa Saffron" training top.

"Campa Saffron" hours are 10am to 2.30pm and includes skills, games & an educational theme. Players must bring a packed lunch, indoor and outdoor gear. Book early as places are limited!!

Age Group	Date	Venue	Tick Choice
Under 14	27 th -29 th July	Loughgiel	
Under 15	•	Belfast Venue (tbc)	
Under 16/17	20-22 nd July	St Gall's	
Age Group	Date	Venue	Tick Choice
Under 14	17 th -19 th Aug	Belfast Venue (tbc)	
Under 15	20-22 nd July	St Gall's	
Under 16/17	10 th -12 th Aug	Creggan	
	Under 14 Under 15 Under 16/17 Age Group Under 14 Under 15	Under 1427th-29th JulyUnder 1517th-19th AugUnder 16/1720-22nd JulyAge GroupDateUnder 1417th-19th AugUnder 1520-22nd July	Under 1427th-29th JulyLoughgielUnder 1517th-19th AugBelfast Venue (tbc)Under 16/1720-22nd JulySt Gall'sAge GroupDateVenueVenueUnder 1417th-19th AugBelfast Venue (tbc)Under 1520-22nd JulySt Gall's

<u>Please choose which camp/s you are attending:</u>

Parental/Guardian Consent Form and Declaration:						
I,, (Parent/Gua	rdian's Name - please print), confirm that I am the					
parent/guardian of	_(Son's Name) and hereby consent and confirm that I					
have authority to consent that he may be taken (by ambulance, car or other means) to hospital or a doctor						
for the purpose of medical attention where such is deemed necessary by Antrim GAA Camp Staff.						
Does your son have any medical condition or allergies	?					
Does he take any medication? If so, please specify:						

I consent to give permission to allow my son to be photographed for the purpose of promoting GAA activities. I declare that all information and details furnished above are true and correct and that "Campa Saffron" shall not be held liable in contract or tort for any damage/injury arising from any omission or error on my part.

NAME: (please print name) ______ SIGNED: (Parent/Guardian) ______ DATE:

Please return completed applications & fee to the Antrim Coaching & Games Department, Casement Park, 88-104 Andersontown Road, Belfast, BT11 9AN. (Cheques made payable to Antrim GAA). Book early, places are limited.